

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-032917

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District

Registrar's No.

FILED AUG 3 1962

1003

8365

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

<p>1. PLACE OF DEATH</p> <p>a. COUNTY</p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis</p> <p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jewish Hospital</p>		<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE Missouri COUNTY</p> <p>c. CITY OR TOWN St. Louis</p> <p>d. STREET ADDRESS (If outside, give location) 2133 Cass Ave</p>	
<p>3. NAME OF DECEASED (Type or print)</p> <p>First Middle Last THOMAS B. SOLOSKI (WESOLOWSKI)</p>		<p>4. DATE OF DEATH</p> <p>Month Day Year Aug. 27 1962</p>	
<p>5. SEX Male</p>	<p>6. COLOR OR RACE White</p>	<p>7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH 5-19-1913</p>
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Elevator operator</p>		<p>10b. KIND OF BUSINESS OR INDUSTRY Printing</p>	
<p>11. BIRTHPLACE (City and state or country) St. Louis, Mo.</p>		<p>12. CITIZEN OF WHAT COUNTRY U.S.A.</p>	
<p>13a. FATHER'S NAME FRANK WESOLOWSKI</p>		<p>13b. MOTHER'S MAIDEN NAME VERONICA PARZYCH</p>	
<p>14. NAME OF HUSBAND OR WIFE *****</p>		<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) No.</p>	
<p>16. INFORMANT Raymond Wesolowski</p>		<p>17. ADDRESS 3730a St. Louis Ave</p>	
<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)</p> <p>PART I. DEATH WAS CAUSED BY:</p> <p>IMMEDIATE CAUSE (a) Myocardial infarction, recurrent</p> <p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. ASHD (coronary artery type)</p> <p>DUE TO (b) 420D</p> <p>DUE TO (c)</p> <p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) H.C.V.D. 10-15 yrs.</p> <p>PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>			
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>	<p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p>	<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p>	
<p>20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.</p>			
<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>		<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</p>	
<p>20f. CITY, TOWN, OR LOCATION</p>		<p>COUNTY</p>	
<p>20g. STATE</p>		<p>21. I attended the deceased from 1953, to 1962 and last saw her/him alive on 7 Aug. '62</p>	
<p>22. Death occurred at 4 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.</p>			
<p>22a. SIGNATURE J. Johnston, M.D. (Regres or title)</p>		<p>22b. ADDRESS 206 W. Argonne, Rinkwood 22</p>	
<p>22c. DATE SIGNED 28 Aug '62</p>		<p>23a. BURIAL, CREMATION, REMOVAL (Specify) Burial</p>	
<p>23b. DATE Aug. 30 1962</p>		<p>23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery</p>	
<p>23d. LOCATION (City, town, or county) St. Louis, Missouri</p>		<p>23e. STATE</p>	
<p>24. FUNERAL DIRECTOR JOHN STYGAR & SON - 5541 RIVERVIEW BLVD.</p>		<p>25. DATE RECD. BY LOCAL REG. 8-28-62</p>	
<p>26. REGISTRAR'S SIGNATURE Loan Smith, M.D.</p>		<p>27. DATE SIGNED</p>	

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 3980

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.